

**CURB
Meeting Minutes
September 12, 2012**

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PRESENT:

Board: David Butsch, MD, Richard Wasserman, MD, Paul Penar, MD, William Minsinger, MD, John Mathew, MD, Norman Ward, MD

DVHA Staff: Michael Farber, MD (Medical Director, moderator), Daljit Clark, Jennifer Herwood, Susan Mason

Absent: Patricia Berry, MPH, Delores Burroughs-Biron, MD, Michel Benoit, MD

HANDOUTS

- Agenda
- Draft minutes from 7/10/12
- Hayes article “Home Sleep Studies for Diagnosis of Obstructive Sleep Apnea in Adults”.
- SLEEP article “Polysomnography Performed in the Unattended Home Versus the Attended Laboratory Setting”.

CONVENE: Dr. Farber convened the meeting at 6:30 pm.

1.0 Introductions

2.0 Announcements – Dr. Michael Farber

Dr Farber reported to the group that Dr. Ann Goering has been recommended to the governor to join CURB. She was unable to attend this week but will attend the next meeting.

3.0 Review of Minutes:

The minutes were reviewed and approved.

4.0 Transcutaneous Electrical Nerve Stimulation (TENS) (Is it useful for chronic low back pain?)

Dr. Farber reported to the group that Medicare has put forth a paper summarizing the research on chronic low back pain (defined as pain for more than 3 months) and the use of TENS units for pain relief. The study showed that there was no statistical significance in reduction of pain or improvement in function with the use of TENS. This research was performed on the Medicare population only and for chronic low back pain (CLBP). The paper stated that some studies initially showed a pain reduction, with the use of TENS but when the stimulation of the nerves discontinued the pain relief stopped. Many doctors

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that order TENS use it to avoid giving opiates. The recommendation is to determine if DVHA should discontinue the coverage of TENS for CLBP.

Dr. Farber presented slides that showed Medicaid utilization for TENS over the past three years. It showed:

- Usage dropped by almost half when prior authorization was implemented.
- CLBP accounts for over 50% of the claims paid for TENS.

The board was asked to review the research and determine/consider if Medicaid should follow Medicare's recommendation to not cover TENS for recipients with CLBP?

Board Member Discussion/Suggestions

- Consider longer period of rental of the TENS and not purchase.
- TENS may help acutely for back pain.
- Rent the TENS and limit the rental for acute cases only.
- Medicaid only paid \$65,000 in CY 2011 for the TENS. This is a small amount of money and may not necessitate policy change.
- If Medicaid does not cover TENS for CLBP then the doctor may change the diagnosis to get it covered.
- Incremental savings will eventually add up.

Daljit explained that services provided for Medicaid are evidence based and show efficacy.

Dr. Farber asked the board if Medicaid should not cover TENS for CLBP as CMS has recommended.

None of the board members agreed that we should stop covering TENS for CLBP. They suggested that Medicaid may consider:

- Extended rental period instead of purchase.
- Monitor how many electrodes are being used to see if the recipient is actually using the device.
- Stop the rental if they are not purchasing electrodes.

Action Item: Dr. Farber said that DVHA will have internal discussions about coverage of TENS for CLBP and will report back to CURB at the next meeting.

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5.0 Sleep Study (Home Study vs. Sleep Lab)

Daljit Clark introduced the topic of Sleep Study - home study vs. sleep lab. Sleep studies are mostly performed in a sleep lab or hospital. Sleep diagnostics and therapy is growing at an annual rate of roughly 20%. Daljit presented VT Medicaid utilization data on sleep studies. The amount paid has increased roughly 10% a year. Another Vermont private insurer has hired an out of state company; SMS, to manage their home sleep studies. SMS uses an auto titrating device, so most never need to go into the clinic.

Dr. Farber told the group that the CEPAC group will be discussing this topic at their meeting in December. With the increase in studies being done there is concern whether they are warranted and efficacious. Is there a less expensive way?

Discussion Points:

Would providing home sleep studies be cost-effective? Are the portable devices accurate in determining OSA?

Board Member Discussion/Suggestions:

- Should the home study be used as a screening tool? What is the false negative rate?
- You want something with a high sensitivity for a screening.
- People would rather be tested at home because sleep is fragmented in the clinic.
- Transportation and child care would not be an issue with the home sleep study.
- How many recipients prescribed a CPAP actually use it?
- One sleeps better in one's own home and it is easier to replicate usual sleep patterns at home.
- There are some individuals who may or may not be eligible for the home study.
- One has to meet the criteria to do the home sleep study.
- Will the home study work on the Medicaid population?

Daljit explained that there are some providers who advocate for the CPAP even though the patient does not use it. We pay roughly \$450 for the sleep study in the facility, the home sleep study is 1/4 the price.

We want to partner with our providers; we don't want to sole source this.

We will research and review additional evidence based literature on this topic to present at the next meeting.

Action Item: We will review literature and criteria and present at the next meeting.

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6.0 Future Topics

Dr. Farber asked the group if there are any issues with lab tests. Are there any tests the group feels are performed too often or are unnecessary?

Board Member Discussion

- Less overuse noted.
- DHMC repeats tests because they want to run it on their own equipment.
- Overutilization in hospital use of labs, there shouldn't be daily labs.
- Education and mentoring is recommended.
- Hospitals are DRG so this would only apply to outpatient.

A board member asked what is going on with transportation.

Daljit explained that Bill Clark has implemented new reimbursement method and he will report to the group on this once he has sufficient data.

Adjournment – CURB meeting adjourned at 8:05 PM

Next Meeting

November 14, 2012

Time: 6:30 PM – 8:00 PM

Location: Department of Vermont Health Access, Williston, VT